



California Department of Justice
Bureau of Medi-Cal Fraud & Elder Abuse

State of California
Attorney General
Bill Lockyer

COMPLAINT FORM

I want to report suspected Medi-Cal fraud or elder abuse. I understand that the Attorney General does not represent private citizens seeking private remedies. I submit my allegations for review to determine if law enforcement or statewide legal action is warranted.

Complaining Party

Name _____

Street Address _____

City _____

State _____ Zip Code _____

Home Phone Number _____

Work Phone Number _____

e-mail address _____

Preferred method of contact: ☐ Home ☐ Work ☐ e-mail

Complaint Against

Name _____

Street Address _____

City _____

THREE WAYS TO FILE YOUR COMPLAINT

(1) Submit On-line Using This Form

(2) OR Print Complaint Form To Mail

Mail to:
California Department of Justice
Bureau of Medi-Cal Fraud & Elder Abuse
P.O. Box 944255
Sacramento, CA 94244-2550

(3) OR Call Toll-Free Hotline

1-800-722-0432
ATTORNEY GENERAL'S BUREAU OF
MEDI-CAL FRAUD & ELDER ABUSE

1-800-822-6222
DEPARTMENT OF HEALTH SERVICES

Have you contacted your local law enforcement agency? ☐ Yes ☐ No

If yes, name of agency

Have you contacted another state agency? ☐ Yes ☐ No

If yes, name of agency

Have you contacted an attorney? ☐ Yes ☐ No

If yes, name of attorney

Is there court action pending? ☐ Yes ☐ No

If yes, name of court

Have you lost a lawsuit in this matter? ☐ Yes ☐ No

Please provide a factual statement that clearly describes the date, place and nature of the incident or issue that you are reporting.

Briefly describe how you believe this office can be of assistance.

I will sign a sworn statement if requested. ☐ Yes ☐ No

By submitting this form, I certify that I understand that the Attorney General does not represent private citizens seeking the return of money or other personal remedies.
